



City of Santa Barbara  
Charitable Giving Campaign  
Employee Pledge Form 2010-2011



United Way  
of Santa Barbara County  
320 East Gutierrez St  
Santa Barbara, CA 93101  
tel 805.965.8591

Pledge online:  
[www.santabarbaraca.gov/uw](http://www.santabarbaraca.gov/uw)

1. Information About Me

MR/MRS/MS	LAST NAME, FIRST NAME, M.I.	GENDER (CIRCLE ONE)
		M F
DEPARTMENT TITLE		WORK/DAYTIME PHONE
HOME ADDRESS		HOME TELEPHONE
CITY	STATE	ZIP
	CA	
E-MAIL ADDRESS		BIRTHDATE (YEAR OPTIONAL)
		M/M/D/D/Y/Y/Y/Y

I would like to receive information about the following:

- ☐ Newsletter/e-News ☐ Volunteer Opportunities ☐ Endowment/Gift Planning ☐ Annual Thank-You Report

2. How I Prefer to Give

2009 PER PAY PERIOD \$	2009 TOTAL PLEDGE \$
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**EASY PAYROLL DEDUCTION (24 deductions per year)** MY TOTAL ANNUAL GIFT \$ ,

I pledge the following amount per pay period (please choose one of the following):

A.

<input type="checkbox"/> \$10	<input type="checkbox"/> \$5	<input type="checkbox"/> Other: \$
<input type="checkbox"/> \$25	United Way's Presidents Club Member	
<input type="checkbox"/> \$50	United Way's Bornze Circle Member	
<input type="checkbox"/> \$125	United Way's Silver Circle Member	
<input type="checkbox"/> \$250	United Way's Gold Circle Member	

☐ Maintain my current pledge  
☐ Increase by \$1/pay period  
☐ Increase by \$3/pay period  
☐ Increase by \$5/pay period  
☐ Increase by \$10/pay period  
☐ Increase by \$ /pay period

**B. CREDIT/DEBIT CARD PLEDGE** START DATE EACH GIFT TIMES/YR MY TOTAL ANNUAL GIFT

M/M/D/D/Y/Y : \$ , X = \$ ,

☐ Charge my Mastercard, Visa, American Express, Discover:  
Card # Exp. Date: M/M-Y/Y

Frequency Preference for Charging Credit Card:  
☐ One-time Now ☐ Monthly ☐ Quarterly ☐ Other

C. ☐ Cash/Check gift (enclosed)  
(Check payable to United Way of Santa Barbara County) MY TOTAL ANNUAL GIFT

D. ☐ Stock Pledge  
Contact U.W. Finance Director at 965.8591 x124 with security and broker name \$ ,

3. My Signature

Date



EID:

DEPT:

#### 4. Optional: Annual Restricted Giving\* (choose total amount to restrict to Sections A, B, and/or C)

\*Any restricted gift less than \$110 / yr per restriction will be considered a donation to United Way of Santa Barbara County.

##### A. Charitable Giving Campaign Partners\*

United Way of Santa Barbara County's  
Community Care Fund  
Agency Code 91591

RESTRICTED AMOUNT  
\$  ,

Community Health Charities  
Agency Code 5350

RESTRICTED AMOUNT  
\$  ,

United Way of Central Coast/  
Nortern Santa Barbara County  
Agency Code 40800

RESTRICTED AMOUNT  
\$  ,

Earth Share  
Agency Code 17

RESTRICTED AMOUNT  
\$  ,

Santa Ynez Valley  
United Way Services  
Agency Code 91592

RESTRICTED AMOUNT  
\$  ,

United Way  
of Ventura County  
Agency Code 40900

RESTRICTED AMOUNT  
\$  ,

## Join the *Power of Partnership*™

The *Power of Partnership*™ is a unique way to address the root causes of community issues. We partner with business, education, non-profit, government, and community volunteers. These partnerships maximize your impact by connecting strengths, multiplying resources, and making measurable improvements in local lives. Your gift to the Community Care Fund supports the *Power of Partnership*™ and strengthens our three Areas of Impact:

### Successful Children & Youth

Ensuring all children enter school ready to learn and educating youth for responsible adulthood

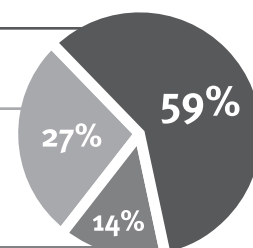
### Strong families

Promoting supportive and loving environments for all types of families

### Independent Seniors

Encouraging greater independence for seniors and their caregivers

### Community Care Fund



##### B. Impact Focus Areas\*

###### Successful Children & Youth

Ensuring all children enter school ready to learn and educating youth for responsible adulthood  
Agency Code 91598

RESTRICTED AMOUNT  
\$  ,

###### Strong Families

Promoting supportive and loving environments for all types of families  
Agency Code 91600

RESTRICTED AMOUNT  
\$  ,

###### Independent Seniors

Encouraging greater independence for seniors and their caregivers  
Agency Code 91599

RESTRICTED AMOUNT  
\$  ,

##### C. Specific Charity or Community\*

Please restrict my pledge to a specific U.W. partner agency, other eligible health and human services agency, or other United Way. Use agency code as provided in booklet or available at [www.unitedwaysb.org/help\\_agency.html](http://www.unitedwaysb.org/help_agency.html).

SPECIAL DESIGNATION INSTRUCTIONS

AGENCY CODE

RESTRICTED AMOUNT

\$  ,

☐ I would like my name to appear on a list of contributors sent to my designated charity